

## **PART TWO**

### **INSTRUCTIONS FOR COMPLETING THE APPLICATION/ANNUAL REPORT**

Below is an Outline Format for the Application/Annual Report. This format should be used for both the 5 Year needs assessment Application/Annual Report and for the “interim” Application/Annual Report in the 4 consecutive years following the needs assessment. For the interim year Application/Annual Reports follow the modifications shown in ***bold italics*** below each major heading. For the interim years, updates to the State overview, State Title V Agency, needs assessment, priorities, or performance measures should be discussed in detail. If there are no changes in those areas no detailed description is necessary. A new annual plan and annual report are required each year.

Figure 1

#### **APPLICATION/ANNUAL REPORT OUTLINE FORMAT**

I	COMMON REQUIREMENTS FOR APPLICATION AND ANNUAL REPORT
1.1	Letter of Transmittal
1.2	Face Sheet
1.3	Table of Contents
	<b><i>For interim reports submit all of the above sections.</i></b>
1.4	Overview of the State
1.5	The State Title V Agency
1.5.1	State Agency Capacity
1.5.1.1	Organizational Structure
1.5.1.2	Program Capacity
1.5.1.3	Other Capacity
1.5.2	State Agency Coordination
	<b><i>For interim reports submit any changes or updates to the above sections. Remember that all organizational changes must be reported in the application.</i></b>
II	REQUIREMENTS FOR THE ANNUAL REPORT
2.1	Annual Expenditures
2.2	Annual Number of Individuals Served
2.3	State Summary Profile
2.4	Progress on Annual Performance Measures
2.5	Progress on Outcome Measures

***For interim reports submit all of the above sections.***

### III REQUIREMENTS FOR APPLICATION

#### 3.1 Needs Assessment of the Maternal and Child Health Population

##### 3.1.1 Needs Assessment Process

##### 3.1.2 Needs Assessment Content

##### 3.1.2.1 Overview of the Maternal and Child Health Population Health Status

##### 3.1.2.2 Direct Health Care Services

##### 3.1.2.3 Enabling Services

##### 3.1.2.4 Population-Based Services

##### 3.1.2.5 Infrastructure Building Services

#### 3.2 Health Status Indicators

##### 3.2.1 Priority Needs

***For interim reports submit any changes or updates to the above sections. Submit all health status indicator forms, Form 14, and the List of MCH Priority Needs, whether or not there has been a change.***

#### 3.3 Annual Budget and Budget Justification

##### 3.3.1 Completion of the Budget Forms

##### 3.3.2 Other Requirements

***For interim reports submit all of the above sections***

#### 3.4 Performance Measures

##### 3.4.1 National "Core" Five Year Performance Measures

##### 3.4.1.1 Five Year Performance Targets

##### 3.4.2 State "Negotiated" Five Year Performance Measures

##### 3.4.2.1 Development of State Performance Measures

##### 3.4.2.2 Discussion of State Performance Measures

##### 3.4.2.3 Five Year Performance Targets

##### 3.4.2.4 Review of State Performance Measures

##### 3.4.3 Outcome Measures

***For interim reports submit any changes or updates to the above sections. Although the National and State performance measures are targeted for 5 years, changes in the target values are acceptable with detailed descriptions. You may also develop additional State performance measures.***

#### IV

#### REQUIREMENTS FOR THE ANNUAL PLAN

- 4.1 Program Activities Related to Performance Measures
- 4.2 Other Program Activities
- 4.3 Public Input
- 4.4 Technical Assistance

*For interim reports submit all of the above sections.*

#### V

#### SUPPORTING DOCUMENTS

- 5.1 Glossary
- 5.2 Assurances and Certifications
- 5.3 Other Supporting Documents
- 5.4 Core Health Status Indicator Forms
- 5.5 Core Health Status Indicator Detail Sheets
- 5.6 Developmental Health Status Indicator Forms
- 5.7 Developmental Health Status Indicator Detail Sheets
- 5.8 All Other Forms
- 5.9 National "Core" Performance Measure Detail Sheets
- 5.10 State "Negotiated" Performance Measure Detail Sheets
- 5.11 Outcome Measure Detail Sheets

*For interim reports complete and submit all forms.*

### I

#### COMMON REQUIREMENTS FOR APPLICATION AND ANNUAL REPORT

##### 1.1 Letter of Transmittal

A letter of transmittal from the responsible State health agency official must be the first page of the application and annual report package. The letter must also contain the documentation for waiver of a 30 percent allotment if the State is so requesting.

##### 1.2 Face Sheet

By signing Form 1, the Application Face Sheet (standard Form 424), the signing official assures compliance with the enclosed Assurances and Certifications (section 5.2) — non-construction program, debarment and suspension, drug free work place, lobbying, program fraud, and tobacco smoke. Place these assurances in Section 5.2.

##### 1.3 Table of Contents

The Table of Contents should conform exactly with the headings in the Application/Annual Report Outline, (Figure 1) and should follow the Application

Face Sheet (SF424). The Table of Contents should be page 2 and every page following should be numbered including all supporting documents.

## **1.4 Overview of the State**

This section should briefly put into context the Title V program within the State's health care delivery environment. Discuss the principal characteristics important to understanding the health needs of the entire State's population. Describe the State Health Agency's current priorities or initiatives and the resulting Title V program's roles and responsibilities.

This overview should include a description of the process used by the Title V administrator to determine the importance, magnitude, value, and priority of competing factors upon the environment of health services delivery in the State, including the devolution of decision making to States, the impact of welfare reform, the new child health insurance initiatives, and the movement towards managed care.

Include in this description the extent to which poverty, racial and ethnic disparities in health status, geography, urbanization, and the private sector create unique challenges for the delivery of Title V services.

## **1.5 The State Title V Agency**

This section describes the agency's capacity to promote and protect the health of all mothers and children, including CSHCN.

### **1.5.1 State Agency Capacity**

#### **1.5.1.1 Organizational Structure**

Describe the organizational structure and placement of the Governor, State Health Agency, the MCH and CSHCN programs in the State government. Include official and dated organizational charts that include all program elements of the Title V program clearly indicated. Describe concisely how the State health agency is "responsible for the administration (or supervision of the administration) of programs carried out with allotments under Title V" [Section 509(b)]. All programs funded by the Federal-State Block Grant Partnership budget total (Form 2, Line 7) should be included.

Describe State statutes relevant to Title V program authority and how they impact upon the Title V program.

#### **1.5.1.2 Program Capacity**

Provide a program description including the State Title V capacity to provide:

- preventive and primary care services for pregnant women, mothers and infants;

- preventive and primary care services for children;

- and,

- services for CSHCN [Section 505(a)(1)] including the capacity:

  - to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (*the Supplemental Security Income Program*), to the extent medical assistance for such services is not provided under Title XIX (*Medicaid*); and

  - to provide and promote family-centered, community-based, coordinated care including care coordination services, for CSHCN and facilitate the development of community based systems of services for such children and their families.

#### **1.5.1.3 Other Capacity**

Describe the number and location (central and out-stationed) of staff that work on Title V programs. Include staff who provide planning, evaluation, and data analysis capabilities. Include the qualifications, in the form of a brief biography, of senior level management employees in lead positions. Also include the number and role of parents of special needs children on staff.

### **1.5.2 State Agency Coordination**

Describe the relevant organizational relationships among the State Human Services agencies (e.g., public health, mental health, social services/child welfare, education, corrections, Medicaid, Social Security Administration, Vocational Rehabilitation, disability determination unit, alcohol and substance abuse, rehabilitation services); the relationship of State and local public health agencies (including city maternal and child health programs)

and federally qualified health centers; primary care associations; tertiary care facilities; and available technical resources such as public health and health professional educational programs and universities, all of which may enhance the capacity of the Title V program.

## **II. REQUIREMENTS FOR THE ANNUAL REPORT [Section 506]**

Each State shall submit an annual report to enable MCHB to evaluate its performance and to assure proper expenditure of funds. The annual report shall include (1) a description of the program activities, (2) a complete record of the purpose for which funds were spent, (3) the extent to which National and State goals and objectives were met, and (4) the extent to which funds were expended consistent with the application. The standardized format of the annual report allows for consistency in reporting and facilitates the preparation of the report to Congress, as required in [Section 506(a)(3)].

As required in Section 509(a)(5), the MCHB has made a substantial effort not to duplicate other Federal data collection efforts. In partnership with the States, only maternal and child health data necessary to fulfill the requirements of Title V which are not available at the national level or may be more timely from the State or required for tracking performance measures, are requested as part of the annual report. Data are not available from National Center for Health Statistics or other Federal sources for the Marshall Islands, Federated States of Micronesia, Republic of Palau, Commonwealth of the Northern Mariana Islands, and American Samoa. These jurisdictions must report their own vital statistics and health data using general instructions from the National Center for Health Statistics.

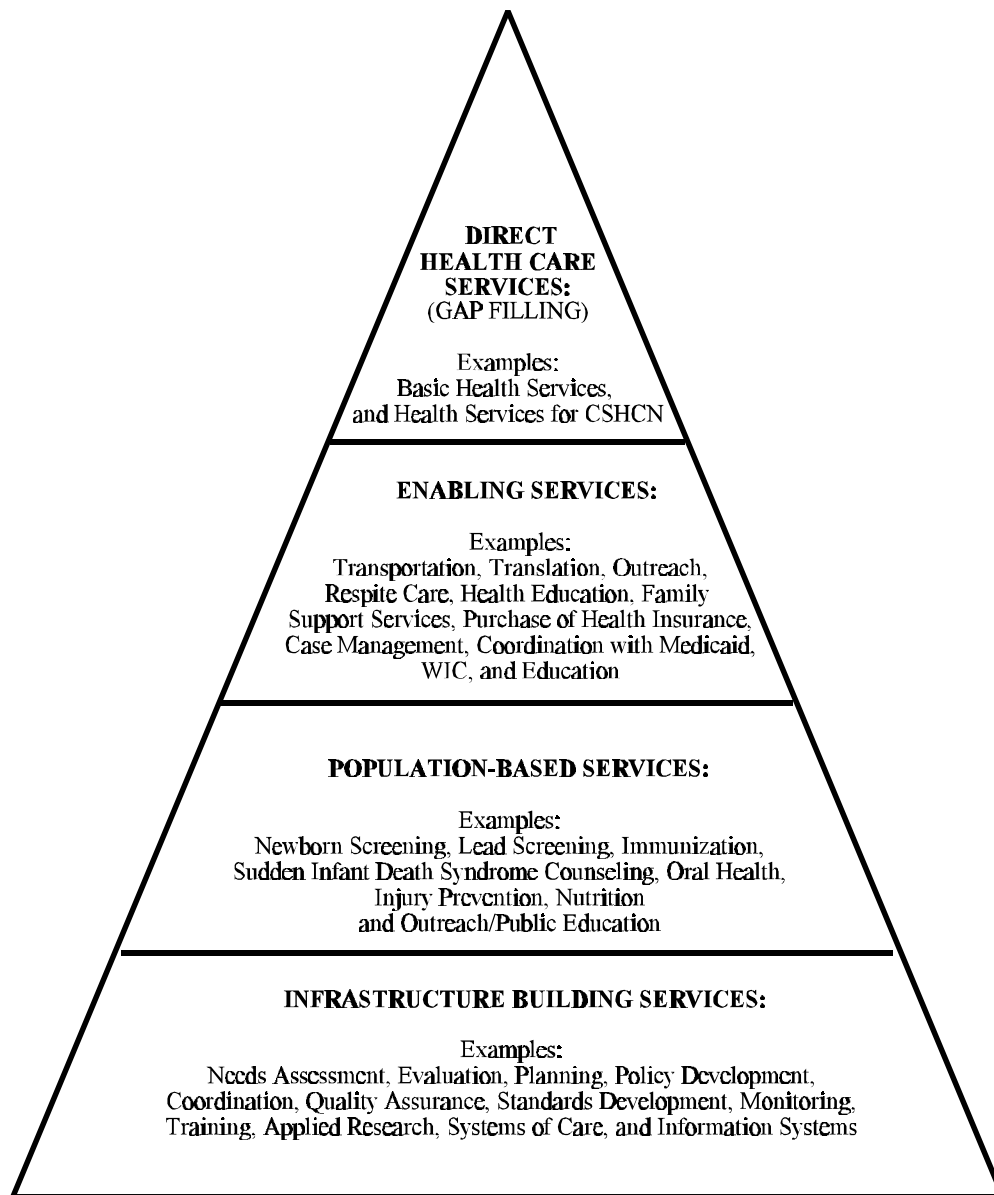
### **2.1 Annual Expenditures**

Complete the appropriate Expended column on Form 3, State MCH Funding Profile; and the appropriate Expended column on Form 4, Budget Details by Types of Individuals Served. Form 5, State Title V Programs Budget and Expenditures by Types of Service, parallels the pyramid shown in Figure 2 which organizes Maternal and Child Health Services hierarchically from direct health care services through infrastructure building. Because the narrative description and the implementation of performance measures are integrally related to this pyramid, special care should be used in completing the appropriate fiscal year Expended fund column on this form. Also, ensure that Figure 2 is included in this section of the narrative of the application/annual report.

Describe any significant variation between fiscal year budgeted and expended funds or between fiscal year expended funds columns.

Figure 2

## CORE PUBLIC HEALTH SERVICES DELIVERED BY MCH AGENCIES



## **2.2 Annual Number of Individuals Served**

Using the instructions accompanying each form, complete Form 6, Number and Percentage of Newborns and Others Screened, Confirmed and Treated; Form 7, Number of Individuals Served (Unduplicated) Under Title V; Form 8, Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX; and Form 9, MCH Toll-free Telephone Line Reporting Form.

## **2.3 State Summary Profile**

Use the format in Form 10, Title V Maternal and Child Health Block Grant Services Profile. The information in this profile will be used as a stand alone document to quickly summarize a State's accomplishments during the last fiscal year. Follow the instructions carefully.

## **2.4 Progress on Annual Performance Measures**

For a discussion of Performance Measurement, see Section 3.4. Complete the appropriate fiscal year annual performance indicators row on Form 11, Tracking Performance Measures by Service Levels, for each of the National and State performance measures.

Describe the accomplishments of the Title V program by each level of the pyramid — direct health care, enabling, population-based, and infrastructure building services — by required population groups:

- preventive and primary care services for pregnant women, mothers and infants;

- preventive and primary care services for children; and,
- services for CSHCN. [Section 505 (a)(1)]

Discuss particularly each National and the State performance measure and the reason each target was successfully met. Describe the Title V role and the influence that other Agencies or circumstances may have on meeting the targets. If the target was not met, discuss why not, and what changes in program activities or resource allocation might be necessary for improvement. If data are not currently available for a National or State performance measure, describe the plan and time frame for acquiring those data.

## **2.5 Progress on Outcome Measures**

The Title V program in the State should ultimately impact positively on the outcome measures in Section 3.4.3.

Complete the annual performance indicators row for the appropriate fiscal year on Form 12, Tracking Health Outcome Measures.

Briefly describe the relationship between the degree to which the National and State



performance measures were met in the State and their collective contributory positive impact on the outcome measures for the Title V population. If the target was not met, discuss those factors both within and outside the control of the Title V program that may have affected these outcomes.

### **III. REQUIREMENTS FOR THE APPLICATION [Section 505]**

#### **3.1 Needs Assessment of the Maternal and Child Health Population**

The State must prepare a statewide needs assessment every 5 years that shall identify (consistent with health status goals and national health objectives) the need for:

preventive and primary care services for pregnant women, mothers and infants;  
preventive and primary care services for children; and,  
services for CSHCN. [Section 505 (a)(1)]

##### **3.1.1 Needs Assessment Process**

Describe the process used by the State to conduct the Title V comprehensive needs assessment for each of the three population groups. At a minimum, the State should:

Describe the methods used to assess the need for direct health care, enabling, population-based, and infrastructure building services; note any specific limitations of the data not commonly understood from the literature (e.g., limitations of vital records do not need to be presented). Reference the collaboration processes, including public and private sector, State and local levels of government, and citizen and family members' involvement in the needs assessment. Describe how the State cycles from the analysis phase to identifying priority needs, establishing State performance measures, setting annual targets for national and State performance measures, and developing annual plans, including resource allocation to meet performance measure targets.  
Describe the sources used, the strengths, and the weaknesses of current methods and procedures for the comprehensive needs assessment.

##### **3.1.2 Needs Assessment Content**

###### **3.1.2.1 Overview of the Maternal and Child Health Population's Health Status**

Describe the health status of the entire State MCH population. Enunciate priority health problems, health service gaps, system constraints and strengths and weaknesses of the service system.

Describe major morbidity, mortality, risk reduction or maintenance

of health/wellness problems, gaps, and disparities (racial, ethnic, age, income, or other relevant characteristics) of the Title V population. At a minimum, include major health issue areas within the Title V population as a whole, and for significant sub-populations: e.g., rates of pregnancies, fetal losses, births, age-specific deaths, prevalence of preventable disease and chronic diseases.

Describe separately for the following major headings (direct health care, enabling, population based, and infrastructure building services) the needs of each population group; preventive and primary care services for pregnant women, mothers and infants; preventive and primary care services for children; and services for CSHCN.

### **3.1.2.2 Direct Health Care Services**

See requirements for Enabling Services below. Sections 3.1.2.2 and 3.1.2.3 may be combined into one description if it seems appropriate for your State.

### **3.1.2.3 Enabling Services**

For both direct health care and enabling services separately specify the priority State concerns regarding access to health care and health-related services from the perspectives of financial access, cultural acceptability, availability of prevention and primary care services, and availability of specialty care services when needed.

Assess and describe the extent of financial barriers to primary/preventive care, specialty/sub-specialty care, habilitation and rehabilitation services for each population group.

Describe the impact that:

- the shift in Medicaid coverage over the last five years has made on financial barriers to care and services delivered by State and local public health agencies;
- the move to managed care delivery systems has had on service delivery and availability of services to women and infants, children, and CSHCN;
- the passage of welfare reform is having on the Title V populations, including Supplemental Security Income (SSI) eligibility changes for CSHCN; and
- other changes in financial access (private insurance, risk pools, State insurance programs, child health initiatives) will have on the Title V populations.

Assess and describe the availability of care. Enumerate, as appropriate, any shortages of specific types of health care providers such as primary care physicians, nutritionists, registered dietitians (including specialty registered dietitians), public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, dentists, sub-specialty physicians who serve CSHCN, audiologists, occupational therapists, physical therapists, and speech and language therapists.

Describe the linkages that exist to promote provision of services and referrals between primary level care, specialized secondary level care and highly specialized tertiary level care. Assess and describe existing resources for providing community-based care, specialty care through pediatric centers, community-based specialty clinics, and multi-disciplinary centers, etc.

Illustrate under served geographical areas (by map) and evaluate the relationship of Title V with others in the State who address inadequate, or poorly distributed, health care resources.

#### **3.1.2.4                      Population-Based Services**

Assess and describe the need for the specific services listed in this level of the pyramid. Assess and describe the State's involvement in the direct management of these services and programs; the State's coordination with other agencies and organizations (universities, managed care organizations, physician groups) in the provision of these services; geographic availability/distribution of these services; and funding mechanisms for these services. Describe other population based programs provided by the State for each of the Title V population groups.

#### **3.1.2.5                      Infrastructure Building Services**

Assess and describe what is needed at the State level to promote comprehensive systems of services. Assess from the State perspective how local delivery systems (include regional areas as appropriate) meet the population's health needs. Assess existing systems and collaborative mechanisms for the population groups; preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children, and services for CSHCN.

Discuss coordination efforts which address the following programs, organizations and groups:

Medicaid, Supplemental Security Income Program (SSI),  
Ryan White and Title IV AIDS programs, social services

programs, special education programs, early intervention programs including Part H of the Individuals with Disabilities Act (IDEA), vocational rehabilitation programs, mental health programs including the Child and Adolescent Services System Program (CASSP), State interagency transition programs, developmental disabilities programs, SSDI, school health programs and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Attach copies of any such written agreements in section 5.3, Other Supporting Documents.

Major providers of health and health-related services such as children's hospitals and tertiary medical centers, State chapter of the American Academy of Pediatrics, the American Academy of Family Practice, the American College of Obstetrics and Gynecology, and family and parent advocacy organizations.

For CSHCN, discuss the four constructs of a service system; (1) State program collaboration with Other State agencies and private organizations, (2) State support for communities, (3) coordination of health components of community-based systems, and (4) coordination of health services with other services at the community level (See glossary). Specify the groups and individuals involved in the assessment process. In order to determine a measure of the degree to which the State has established such service systems, complete Form 13, Service System Constructs for Children with Special Health Care Needs.

Assess and describe the State's specific efforts related to the development and implementation of standards of care, guidelines, monitoring of program effectiveness, and approaches to evaluation of care. Discuss efforts to monitor continuous quality improvement for each population group specified in Section 2.4. Discuss the State's effort to monitor the development of community based service systems.

### **3.2 Health Status Indicators**

During the past 2 years the MCHB and States have undertaken an effort to improve MCH data and to add to the usefulness and completeness of the Block Grant application. This collaborative effort has sought to identify a set of MCH-related health status indicators that States would report annually.

These health status indicators represent practical, highly prevalent, and prevention-oriented data and elements common to the findings in the majority of States' needs assessments. They are broadly focused on the programs, issues, and demographics that have the most impact on mothers and children in each State. Many include data elements that have already been reported in States' previous years Block Grant applications, while

others seek either new data or are planned to make data reported in different formats by many States more consistent and comparable.

There are a set of 8 ‘core’ health status indicators which are required to be completed each year. In addition there are a set of 10 ‘developmental’ health status indicators of which 5 are demographic information specific to each State. These ‘developmental’ health status indicators provide additional data that MCHB and States have determined to be important yet realize it may take several years for all States to provide accurate and consistent reporting. Therefore, while reporting is not required on these 10 ‘developmental’ measures, States should make an effort to complete them annually and should develop the capacity to provide consistent reporting in the near future. Progress will be assessed during each year’s Block Grant review.

There is some similarity between health status indicators and performance measures, yet there is one significant difference. Performance measures must have State determined targets set and a program effort undertaken to meet those targets. Progress is assessed during the Block Grant review towards successful achievement of the targets. Health status indicators, on the other hand, are selected measurements of health status in the State at one point in time (i.e., annually), but require no targets and no program effort. They most likely will be useful in helping a State set priority needs particularly when combined with other health status indicators arising from the State’s 5 year needs assessment and annual update. (See Figure 3)

Core health status indicator forms should be completed in section 5.4 and developmental health status indicator forms should be completed in section 5.6. Detail sheets for core indicators are found in section 5.5 and for developmental indicators in section 5.7.

### **3.2.1 Priority Needs**

Write a summary of the 5 year Statewide needs assessment organized by the four levels of the pyramid. Use information about the health status of the MCH population gathered both as a result of the 5 year needs assessment and from the set of health status indicators reported in the previous section. Condense this summary into a list of the State’s top 7 to 10 needs. Use a simple phrase, such as: "The infant mortality rate for minorities should be reduced", or, "To reduce the barriers to the delivery of care for pregnant women.” Each of the three population groups should be covered by the State’s selected priorities. Copy to Form 14, List of MCH Priority Needs, the 7 to 10 simple needs statements. The Title V information system will record up to 10 priority needs, but the State may list and describe more if desired.

## **3.3 Annual Budget and Budget Justification**

### **3.3.1 Completion of Budget Forms**

Complete the budget columns of Form 2, Form 3, Form 4 and Form 5, for the application fiscal year.

Form 5 parallels the pyramid shown in Figure 2, “Core Public Health Services Delivered by MCH Agencies,” which organizes the MCH types of services hierarchically from direct health care through infrastructure building. Because the narrative description of services and the implementation of performance measures are integrally related to the levels of service in the pyramid, special care should be used in completing the appropriate fiscal year columns on this form.

### **3.3.2 Other Requirements**

Describe briefly the maintenance of effort from 1989 [Sec. 505(a)(4)]; any continuation funding for special projects [Sec. 505(a)(5)(C)(i)] or special consolidated projects noted in [Sec. 505(a)(5)(B)].

The budget justification should further describe sources of other Federal MCH dollars, State matching funds, including non-federal dollars that meet at least the legislatively-required minimum match for Title V, and other State funds used by the agency to provide the Title V program. Describe any significant year to year budget variations that appear on Forms 3, 4, or 5.

Remember that any amount payable to a State under this title from allotments for a fiscal year which remains unobligated at the end of such year shall remain available to such State for obligation during the next fiscal year. No payment may be made to a State under this title from allotments for a fiscal year for expenditures made after the following fiscal year [Section 503(b)].

The State should maintain budget documentation for Block Grant funding/expenditures for reporting, consistent with Section 505(a), and consistent with Section 506(a)(1) for audit.

## **3.4 Performance Measures**

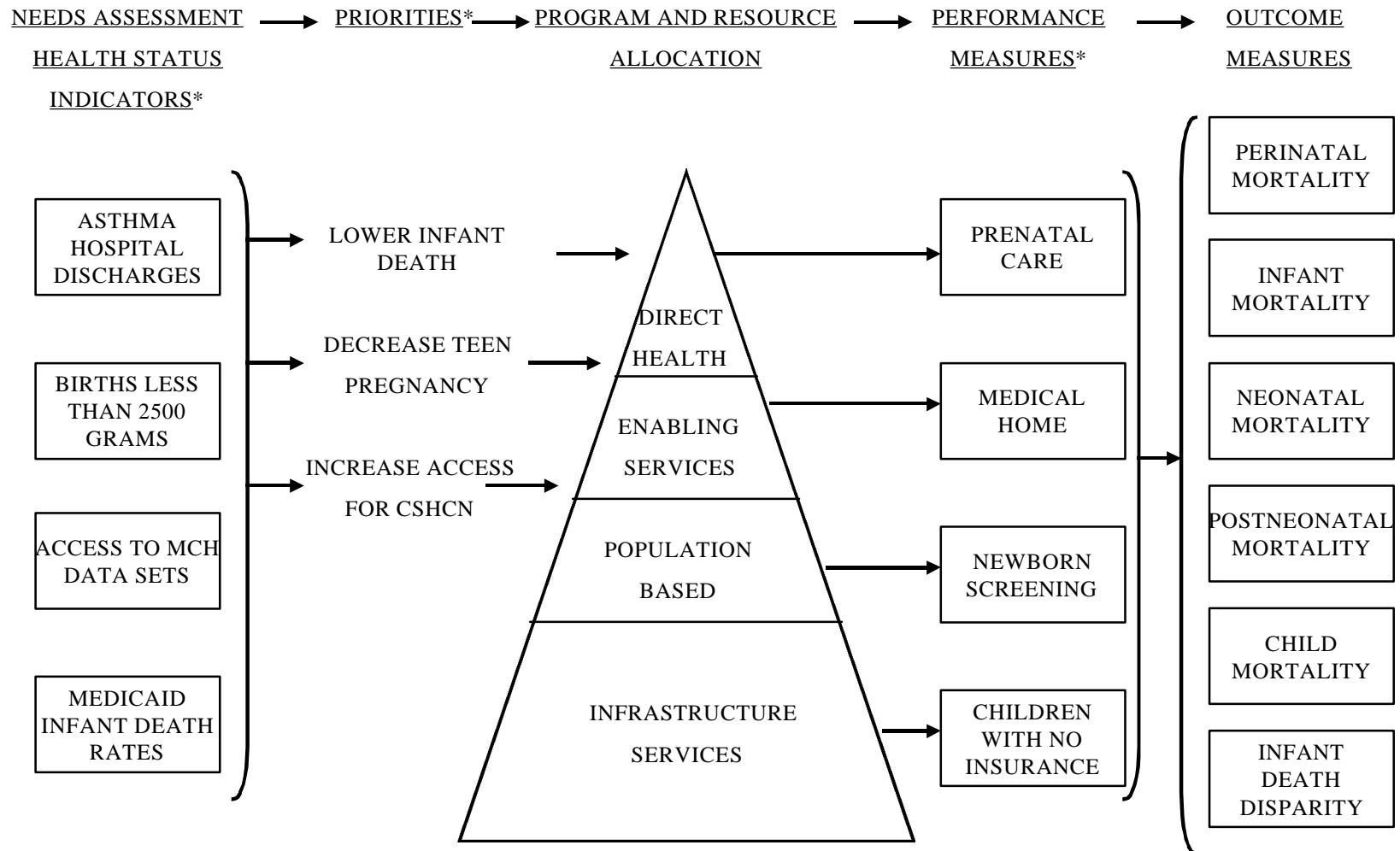
GPRA, Public Law 103-62, requires that each Federal agency establish performance measures that can be reported as part of the budgetary process, thus linking funding decisions with performance and reviewing related outcome measures to see if there were improved outcomes for the target population.

Beginning in fiscal year 1999 DHHS required that MCHB develop performance plans and include performance information in its budget submission. MCHB must submit annual reports to Congress on the actual performance achieved compared to that proposed in the performance plan. This section of the guidance describes how the Federal-State

# Figure 3

## TITLE V BLOCK GRANT

### PERFORMANCE MEASUREMENT SYSTEM



\*Items in these columns are samples drawn from complete sets described elsewhere in this document.

partnership will implement this requirement. Figure 3, Title V Block Grant Performance Measurement System, presents a schematic approach that begins with the needs assessment and identification of priorities and culminates in improved outcomes for the Title V population. After choosing a set of priority needs from the five year Statewide needs assessment, resource allocation is assigned and programs are designed and implemented to specifically address these priorities. These program activities are described and categorized by the four levels of the pyramid — direct health care, enabling, population-based, and infrastructure building services. Imbedded within the levels of service are performance measures — a set of National "core" performance measures and up to ten State "negotiated" performance measures — that are categorized into three types; capacity, process, or risk factor. Because of the flexibility inherent in the Block Grant, the program activities or the role that Title V plays in the implementation of each performance measure may vary among States (i.e., monitor, advocate, provide, supplement, assure). Yet the program activities, as measured by these "core" and "negotiated" performance measures, should have a collective contributory effect to positively impact the National outcome measures for the Title V population. Because Figure 3 is important in describing the entire MCH effort, ensure that it is included in the application/annual report narrative.

Accountability is determined in 3 ways; (1) by having budget and expenditure figures for the four levels of service represented in the pyramid; (2) by measuring the progress towards successful achievement of each individual performance measure; and ultimately (3) , by having a positive impact on the outcome measures, if the program activities are effective and successful.

While improvement in outcome measures is the long term goal, more immediate success may be realized by positive impact on the capacity, process, and risk factor performance measures which are shorter term, intermediate, and precursors for the outcome measures. This is particularly important since there may be other significant factors outside of Title V control affecting outcomes.

### 3.4.1 National "Core" Five Year Performance Measures

Figure 4 lists the National "Core" Performance measures by category and type. Details of the National "core" measures are found in Section 5.9. Each is classified (1) by **type** — capacity, process, or risk factor — and (2) by **category** — direct health care, enabling, population-based, or infrastructure building services. This classification enables the performance measure to be grouped with other similar measures and provides for consistent program narrative and reporting by levels of the pyramid. Each measure has 6 major components — goal, measure, definition, Healthy People 2010 objective, data source, and significance. This assures consistent understanding and reporting among States, and when appropriate, for National aggregation of results. Footnotes containing additional explanatory material may be added to enhance understanding or highlight special conditions or concerns. This is important since these National Performance measures are a "work in progress" and together



represent various developmental stages from the recommendation to develop methods for data collection, to the collection of baseline information and to more sophisticated performance measurements.

### 3.4.1.1 Five Year Performance Objectives

Form 11 lists the National performance measures arranged in order by levels of the pyramid (category). Complete the annual performance objective row for the State's five year targets for each objective.

Place the National "Core" Performance Measure Detail Sheets in the Supporting Document Section 5.9 demonstrated in Figure 1, Application/Annual Report Outline.

**FIGURE 4**  
**PERFORMANCE MEASURES SUMMARY SHEET**

Performance Measure	Pyramid Level of Service				Type of Service		
	DHC	ES	PBS	IB	C	P	RF
1) The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.	X				X		
2) The degree to which the State Children with Special Health Care Needs (CSHCN) Program provides or pays for specialty and sub-specialty services, including care coordination, not otherwise accessible or affordable to its clients.	X				X		
3) The percent of Children with Special Health Care Needs (CSHCN) in the State who have a "medical/health home"		X			X		
4) Percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, galactosemia, hemoglobinopathies (e.g. the sickle cell diseases) (combined).			X				X
5) Percent of children through age 2 who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B.			X				X
6) The birth rate (per 1,000) for teenagers aged 15 through 17 years.			X				X
7) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.			X				X
8) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.			X				X

Performance Measure	Pyramid Level of Service				Type of Service		
	DHC	ES	PBS	IB	C	P	RF
9) Percentage of mothers who breast feed their infants at hospital discharge.			X				X
10) Percentage of newborns who have been screened for hearing impairment before hospital discharge.			X				X
11) Percent of Children with Special Health Care Needs (CSHCN) in the State CSHCN program with a source of insurance for primary and specialty care.				X	X		
12) Percent of children without health insurance.				X	X		
13) Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program				X		X	
14) The degree to which the State assures family participation in program and policy activities in the State CSHCN program				X		X	
15) Percent of very low birth weight live births				X			X
16) The rate (per 100,000) of suicide deaths among youths 15-19.				X			X
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates				X			X
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester				X			X

NOTE: DHC = Direct Health Care ES = Enabling Services PBS = Population Based Services  
IB = Infrastructure Building C = Capacity P = Process RF = Risk Factor

### 3.4.2 State "Negotiated" Five Year Performance Measures

#### 3.4.2.1 Development of State Performance Measures

In order to promote State flexibility, while assuring accountability in responding to the specific priority needs determined for primary and preventive services for pregnant women, mothers, and infants; preventive and primary care services for children; and CSHCN, each State shall develop at least 7, but not more than 10, additional performance measures. These State performance measures may be developed "de novo" or chosen from a set developed by a National committee, or both. For each negotiated performance measure, complete a Form 16, State Performance Outcome Measure Detail Sheet. This form is identical to the format used for the detail sheets to describe National "Core" Performance Measures in Section 5.9. Throughout the Application and Annual Report label each State Performance Measure with an "SP#" to differentiate it from the National Performance Measures. Be sure to include all data elements—performance measure title (as you want it to appear

on form 11), type (capacity, process, or risk factor), category (direct health services, enabling services, population-based services, or capacity/infrastructure), goal, measure, definition, Healthy People 2010 objective, data source and data issues, and significance. It is recognized that the assignment of category - level of the pyramid - is a matter of judgment and should be chosen by the primary category of program activities planned to meet the measure during the next 5 years. In order to provide a summary, add the State performance measures in the space provided at the end of Figure 4 and be sure to include Figure 4 in this section of the application/annual report's narrative. Place the State "Negotiated" Performance Measure Detail Sheets in the Supporting Document Section 5.10 demonstrated in Figure 1, Application/Annual Report Outline.

#### **3.4.2.2 Discussion of State Performance Measures**

Discuss briefly why each measure was chosen, its relationship to one or more of the seven to ten priority needs, its level of placement in the pyramid, and its link to or relationship with one or more outcome measures.

#### **3.4.2.3 Five Year Performance Objectives**

Complete Form 11 by adding each State measure after the appropriate category (level of pyramid) of the National measures. Complete the annual performance objectives row for the State's five year targets for each State objective.

#### **3.4.2.4 Review of State Performance Measures**

After the application is submitted, the State "negotiated" Performance measures will be reviewed by central and regional MCH staff, discussed and negotiated with State staff during the face-to-face application and annual report review session, and approved in the notice of grant award letters transmitted to the State from the MCHB. This review and negotiation process should be viewed as mutually beneficial to both the State and the Bureau, and is a good faith effort by both to select the set of State performance measures that best link the priority needs to outcomes, are representative of important Title V program activities, are generally measurable and practical, and have significant impact on outcomes. The review by central and regional staff also provides an opportunity to increase consistency among similar measures submitted by other States by encouraging identical definitions of numerators and denominators enabling National data

aggregation of similar measures. Technical assistance will be available from the central and regional office staff and from other contractors, as necessary, and appropriate.

### **3.4.3 Outcome Measures**

Detail sheets for the 6 outcome measures are found in Section 5.11, and the measures are listed on Form 12. Complete the annual outcome objective row for the State's 5 year targets for each outcome measure.

Each State may also develop one additional State Outcome Measure. Use Form 16 as the detail sheet. Place the National Outcome Measure Detail Sheets and the State Outcome Detail Sheet (Form 16) in Section 5.11. Add the State outcome measure to Form 12.

## **IV. REQUIREMENTS FOR THE ANNUAL PLAN [Section 505(a)(2)(A)]**

### **4.1 Program Activities Related to Performance Measures**

The annual plan should describe the relationship of the priority needs, the National and State five year performance measures, and the capacity and resource capability of the State Title V program. Describe program activities for each level of the pyramid — direct health care, enabling, population-based, and infrastructure building services — by required populations: primary and preventive services for pregnant women, mothers, and infants; preventive and primary care services for children; and CSHCN. In this description of program activities by level of the pyramid, discuss specifically the plan for meeting the annual target for each National and State performance measure. Include a description of the Title V role and the influence that other Agencies or circumstances have on meeting, or not meeting, these annual targets.

### **4.2 Other Program Activities**

Those activities within each pyramid level not discussed above (in 4.1) should be described. State if any of the activities are not provided.

In this description of program activities also include a discussion of the toll-free hotline [Section 505(a)(5)(E)], the plan for coordination of the Title V program with (1) the early and periodic screening, diagnosis, and treatment program (EPSDT), (2) other federal grant programs (including WIC, related education programs, and other health, developmental disability, and family planning programs), and (3) providers of services to identify pregnant women and infants who are eligible for Title XIX and to assist them in applying for services [Section 505(a)(5)(F)]. Also discuss coordination with the Social Security Administration, State Disabilities Determination Services unit, Vocational Rehabilitation, and family leadership and support programs.

#### **4.3 Public Input [Section 505(a)(5)(F)]**

Briefly describe the process by which this application will be made public to facilitate comment from any person during its development and after its transmittal.

#### **4.4 Technical Assistance [Section 509 (a)(4)]**

The MCHB is responsible for providing technical assistance, upon request, to the States in such areas as program planning, establishment of goals and objectives, standards of care, evaluation, and development of consistent and accurate data collection mechanisms. List the State's technical assistance needs for the next fiscal year on Form 15 and provide a brief paragraph describing their relationship to program needs.

### **V. Supporting Documents**

- 5.1 Glossary
- 5.2 Assurances and Certifications
- 5.3 Other Supporting Documents
- 5.4 Core Health Status Indicator Forms
- 5.5 Core Health Status Indicator Detail Sheets
- 5.6 Developmental Health Status Indicator Forms
- 5.7 Developmental Health Status Indicator Detail Sheets
- 5.8 All Other Forms
- 5.9 National "Core" Performance Measure Detail Sheets
- 5.10 State "Negotiated" Performance Measure Detail Sheets
- 5.11 Outcome Measure Detail Sheets